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**Substitute for form 1449/PTO**

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

*(Use as many sheets as necessary)*

Sheet 1 of 2

**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	<b>SONIA CHOKSHI</b>
Art Unit	
Examiner Name	
Attorney Docket Number	<b>NONE</b>

Sheet 1 of 2

Number **NONE**

U. S. PATENT DOCUMENTS

## **FOREIGN PATENT DOCUMENTS**

Examiner Signature		Date Considered	
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**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. **<sup>1</sup>** Applicant's unique citation designation number (optional). **<sup>2</sup>** See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. **<sup>3</sup>** Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). **<sup>4</sup>** For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. **<sup>5</sup>** Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. **<sup>6</sup>** Applicant is to place a check mark here if English language Translation is attached.

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		Filing Date	
		First Named Inventor	SONIA CHOKSHI
		Art Unit	
		Examiner Name	
		Attorney Docket Number	NONE
Sheet	2	of	2

## **NON PATENT LITERATURE DOCUMENTS**

<b>Examiner Signature</b>		<b>Date Considered</b>	
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